

AMENDED IN ASSEMBLY AUGUST 28, 2015

AMENDED IN ASSEMBLY JULY 8, 2015

AMENDED IN SENATE JUNE 2, 2015

AMENDED IN SENATE APRIL 22, 2015

SENATE BILL

No. 484

Introduced by Senator Beall

(Principal coauthor: Assembly Member Chiu)

(Coauthors: Senators Mitchell and Monning)

February 26, 2015

An act to amend ~~Section~~ *Sections 1507.6 and 1536* of, and to add Sections 1538.8 and 1538.9 to, the Health and Safety Code, and to amend Section 11469 of the Welfare and Institutions Code, relating to juveniles.

LEGISLATIVE COUNSEL'S DIGEST

SB 484, as amended, Beall. Juveniles.

(1) The California Community Care Facilities Act provides for the licensure and regulation of community care facilities, including foster family homes and group homes, by the State Department of Social Services. A violation of this act is a misdemeanor.

Under existing law, a child in a group home may receive mental health services, as deemed necessary by the placing agency and under the case management of that agency. Under existing law, only a juvenile court judicial officer may make orders regarding the administration of psychotropic medications to a child adjudged a dependent or ward of the court and removed from the physical custody of the parent. Existing law requires that the order be based on a request from a physician,

indicating the reasons for the request and a description of the child's diagnosis and behavior, among other requirements.

This bill would provide that psychotropic medications may be used at a group home, other than at a runaway and homeless youth shelter, only in accordance with the written directions of the physician prescribing the medication and as authorized by the juvenile court. The bill would require the group home to maintain in the child's records specified information regarding the administration of those medications.

(2) Existing law requires the ~~department director~~, *Director of Social Services*, at least annually, to publish and make available to interested persons a list covering all licensed community care facilities, except as specified, and the services for which each facility has been licensed or issued a special permit.

This bill would require the ~~department director~~ to compile specified information regarding the administration of psychotropic medications to children in ~~those facilities~~ *group homes* and to post that information ~~to~~ *on* the department's Internet Web site. The bill would require the ~~department~~ *department, in consultation with the State Department of Health Care Services and stakeholders*, to establish a methodology to identify those group homes that have ~~disproportionately high and inappropriate~~ levels of psychotropic drug usage, ~~based on specified criteria.~~ *utilization warranting additional review, as specified.* The bill would also require the department, for the facilities identified by the methodology that it establishes, to visit those facilities at least once a year to examine specified factors. The bill would require a ~~facility that is found to have disproportionately high and inappropriate levels of psychotropic drug usage, which may be caused by inadequate alternative and less invasive psychosocial services, crisis management, and other services,~~ *facility, for which the department, based on that inspection, finds a risk to the health, safety, or personal rights of clients in care,* to submit a plan of correction to address steps the facility shall take to reduce inappropriate prescribing and treatment regimens ~~the department~~ *the department* within 30 days of receiving notice of the department's ~~determination.~~ *findings.* The bill would require the department to monitor the facility's implementation of that plan ~~of correction and make a report, as provided.~~ *to determine that the concerns identified during the inspection have been addressed.* Because ~~this bill would create a new crime, the failure of the facility to comply with these provisions would be a misdemeanor,~~ the bill would impose a state-mandated local program.

(2)

(3) Existing law requires the department, on or before January 1, 2016, in consultation with specified associations and other stakeholders, to develop additional performance standards and outcome measures that require group homes to implement programs and services to minimize law enforcement contacts with minors in group homes or under supervision of group home staff.

This bill would require the department, on or before January 1, 2017, in consultation with specified associations and other stakeholders, to develop additional performance standards and outcome measures that require group homes to implement *alternative* programs and ~~services to reduce utilization of psychotropic medications for children in group homes. The bill would also delete an obsolete provision.~~ *services, as specified.*

(3)

(4) The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement.

This bill would provide that no reimbursement is required by this act for a specified reason.

Vote: majority. Appropriation: no. Fiscal committee: yes.
State-mandated local program: yes.

The people of the State of California do enact as follows:

1 SECTION 1. Section 1507.6 of the Health and Safety Code is
2 amended to read:
3 1507.6. (a) Mental health services, as deemed necessary by
4 the placing agency, may be provided to children in a group home.
5 Except for the physical safety and direct care and supervision of
6 children so placed, the State Department of Social Services and
7 its agents shall not evaluate or have responsibility or liability for
8 the evaluation of mental health services provided in those homes.
9 Supervision of mental health treatment services provided to a child
10 in a group home shall be a case management responsibility of the
11 placing agency.
12 (b) (1) Psychotropic medications shall be used only in
13 accordance with the written directions of the physician prescribing
14 the medication and as authorized by the juvenile court pursuant
15 to Section 369.5 or 739.5 of the Welfare and Institutions Code.

1 (2) *The facility shall maintain in a child's records all of the*
2 *following information:*

3 (A) *A copy of any court order authorizing the psychotropic*
4 *medication for the child.*

5 (B) *A separate log for each psychotropic medication prescribed*
6 *for the child, showing all of the following:*

7 (i) *The name of the medication.*

8 (ii) *The date of the prescription.*

9 (iii) *The quantity of medication and number of refills initially*
10 *prescribed.*

11 (iv) *When applicable, any additional refills prescribed.*

12 (v) *The required dosage and directions for use as specified in*
13 *writing by the physician prescribing the medication, including any*
14 *changes directed by the physician.*

15 (vi) *The date and time of each dose taken by the child.*

16 (3) *This subdivision does not apply to a runaway and homeless*
17 *youth shelter, as defined in Section 1502.*

18 ~~SECTION 1.~~

19 SEC. 2. Section 1536 of the Health and Safety Code is amended
20 to read:

21 1536. (a) (1) At least annually, the ~~director~~ *department* shall
22 publish and make available to interested persons a list or lists
23 covering all licensed community care facilities, other than foster
24 family homes and certified family homes of foster family agencies
25 providing 24-hour care for six or fewer foster children, and the
26 services for which each facility has been licensed or issued a special
27 permit.

28 (2) For a group home, transitional housing placement provider,
29 community treatment facility, or runaway and homeless youth
30 shelter, the list shall include both of the following:

31 (A) The number of licensing complaints, types of complaint,
32 and outcomes of complaints, including citations, fines, exclusion
33 orders, license suspensions, revocations, and surrenders.

34 (B) The number, types, and outcomes of law enforcement
35 contacts made by the facility staff or children, as reported pursuant
36 to subdivision (a) of Section 1538.7.

37 (b) Subject to subdivision (c), to encourage the recruitment of
38 foster family homes and certified family homes of foster family
39 agencies, protect their personal privacy, and to preserve the security
40 and confidentiality of the placements in the homes, the names,

addresses, and other identifying information of facilities licensed as foster family homes and certified family homes of foster family agencies providing 24-hour care for six or fewer children shall be considered personal information for purposes of the Information Practices Act of 1977 (Chapter 1 (commencing with Section 1798) of Title 1.8 of Part 4 of Division 3 of the Civil Code). This information shall not be disclosed by any state or local agency pursuant to the California Public Records Act (Chapter 3.5 (commencing with Section 6250) of Division 7 of Title 1 of the Government Code), except as necessary for administering the licensing program, facilitating the placement of children in these facilities, and providing names and addresses only to bona fide professional foster parent organizations upon request.

(c) Notwithstanding subdivision (b), the department, a county, or a foster family agency may request information from, or divulge information to, the department, a county, or a foster family agency, regarding a prospective certified parent, foster parent, or relative caregiver for the purpose of, and as necessary to, conduct a reference check to determine whether it is safe and appropriate to license, certify, or approve an applicant to be a certified parent, foster parent, or relative caregiver.

(d) The department may issue a citation and, after the issuance of that citation, may assess a civil penalty of fifty dollars (\$50) per day for each instance of a foster family agency's failure to provide the department with the information required by subdivision (h) of Section 88061 of Title 22 of the California Code of Regulations.

(e) The Legislature encourages the department, when funds are available for this purpose, to develop a database that would include all of the following information:

(1) Monthly reports by a foster family agency regarding family homes.

(2) A log of family homes certified and decertified, provided by a foster family agency to the department.

(3) Notification by a foster family agency to the department informing the department of a foster family agency's determination to decertify a certified family home due to any of the following actions by the certified family parent:

(A) Violating licensing rules and regulations.

(B) Aiding, abetting, or permitting the violation of licensing rules and regulations.

1 (C) Conducting oneself in a way that is inimical to the health,
2 morals, welfare, or safety of a child placed in that certified family
3 home.

4 (D) Being convicted of a crime while a certified family parent.

5 (E) Knowingly allowing any child to have illegal drugs or
6 alcohol.

7 (F) Committing an act of child abuse or neglect or an act of
8 violence against another person.

9 (f) At least annually, the department shall post ~~to~~ on its Internet
10 Web site a statewide summary ~~report of the data information~~
11 gathered pursuant to Sections 1538.8 and 1538.9. The summary
12 ~~report shall exclude all personally identifiable information and~~
13 ~~shall not identify individual group homes; include only de-identified~~
14 ~~and aggregate information that does not violate the confidentiality~~
15 ~~of a child's identity and records.~~

16 ~~SEC. 2:~~

17 ~~SEC. 3.~~ Section 1538.8 is added to the Health and Safety Code,
18 to read:

19 1538.8. (a) ~~(1)~~ In order to ~~identify group homes in which~~
20 ~~review and evaluate the use of psychotropic medications may be~~
21 ~~inappropriately administered to children the director in group~~
22 ~~homes, the department shall compile, to the extent feasible and~~
23 ~~not otherwise prohibited by law and based on information received~~
24 ~~from the State Department of Health Care Services, at least~~
25 ~~annually, the following information concerning each home: group~~
26 ~~home, including, but not limited to, the child welfare psychotropic~~
27 ~~medication measures developed by the department and the~~
28 ~~following Healthcare Effectiveness Data and Information Set~~
29 ~~(HEDIS) measures related to psychotropic medications:~~

30 ~~(1) The number of children in the facility to whom psychotropic~~
31 ~~medications were administered.~~

32 ~~(2) The number of children in the facility who are 6 to 11 years~~
33 ~~of age, inclusive, to whom psychotropic medications were~~
34 ~~administered.~~

35 ~~(3) The number of children in the facility who are 12 to 17 years~~
36 ~~of age, inclusive, to whom psychotropic medications were~~
37 ~~administered.~~

38 ~~(4) The number of children for whom the juvenile court~~
39 ~~preauthorized the administration of psychotropic medication.~~

1 ~~(5) The number of children to whom psychotropic medications~~
2 ~~were administered on an emergency basis.~~

3 ~~(6) The number of children to whom antipsychotic, mood~~
4 ~~stabilizing, or antidepressant medications were administered.~~

5 ~~(7) The number of children who received two or more drugs~~
6 ~~from the same class, including, but not limited to, antidepressants,~~
7 ~~antipsychotics, and antianxiety medications.~~

8 ~~(8) The number of children who received two or more~~
9 ~~psychotropic medications concurrently, and whether those children~~
10 ~~received two, three, four, or more than four psychotropic~~
11 ~~medications concurrently.~~

12 ~~(9) The number of children who received one or more~~
13 ~~medications for more than 90 days.~~

14 ~~(10) The number of children who received psychosocial services~~
15 ~~while in a group home placement while they received a~~
16 ~~psychotropic medication.~~

17 ~~(11) The number of children who received a dosage of a~~
18 ~~psychotropic medication at a dosage above the maximum dosage~~
19 ~~approved by the federal Food and Drug Administration.~~

20 ~~(12) The number of children who received metabolic monitoring~~
21 ~~in accordance with professional standards of care while they~~
22 ~~received psychotropic medication.~~

23 ~~(13) The number of children who were prescribed antipsychotic~~
24 ~~medications for a use not approved by the federal Food and Drug~~
25 ~~Administration.~~

26 ~~(A) Follow-Up Care for Children Prescribed Attention Deficit~~
27 ~~Hyperactivity Disorder Medication (HEDIS ADD), which measures~~
28 ~~the number of children six to 12 years of age, inclusive, who have~~
29 ~~a visit with a provider with prescribing authority within 30 days~~
30 ~~of the new prescription.~~

31 ~~(B) Use of Multiple Concurrent Antipsychotics in Children and~~
32 ~~Adolescents (HEDIS APC), which does both of the following:~~

33 ~~(i) Measures the number of children receiving an antipsychotic~~
34 ~~medication for at least 60 out of 90 days and the number of~~
35 ~~children who additionally receive a second antipsychotic~~
36 ~~medication that overlaps with the first.~~

37 ~~(ii) Reports a total rate and age stratifications including 6 to~~
38 ~~11 years of age, inclusive, and 12 to 17 years of age, inclusive.~~

39 ~~(C) Use of First-Line Psychosocial Care for Children and~~
40 ~~Adolescents on Antipsychotics (HEDIS APP), which measures~~

1 *whether a child has received psychosocial services 90 days before*
2 *through 30 days after receiving a new prescription for an*
3 *antipsychotic medication.*

4 *(D) Metabolic Monitoring for Children and Adolescents on*
5 *Antipsychotics (HEDIS APM), which does both of the following:*

6 *(i) Measures testing for glucose or HbA1c and lipid or*
7 *cholesterol of a child who has received at least two different*
8 *antipsychotic prescriptions on different days.*

9 *(ii) Reports a total rate and age stratifications including 6 to*
10 *11 years of age, inclusive, and 12 to 17 years of age, inclusive.*

11 *(2) The department shall post the list of data to be collected*
12 *pursuant to this subdivision on the department's Internet Web site.*

13 *(b) The data in subdivision (a) concerning psychotropic*
14 *medication, mental health services, and placement shall be drawn*
15 *from existing data systems, including, but not limited to, the*
16 *Medicaid Management Information System's medical and*
17 *pharmacy claims data, and the Child Welfare Services/Case*
18 *Management System, through the data sharing agreement between*
19 *maintained by the State Department of Health Care Services and*
20 *the State Department of Social Services. Services and shared*
21 *pursuant to a data sharing agreement meeting the requirements*
22 *of all applicable state and federal laws and regulations.*

23 *(c) This section does not apply to a runaway and homeless youth*
24 *shelter, as defined in Section 1502.*

25 ~~SEC. 3.~~

26 *SEC. 4.* Section 1538.9 is added to the Health and Safety Code,
27 to read:

28 1538.9. (a) (1) (A) The department shall consult with the
29 ~~foster care ombudsman State Department of Health Care Services~~
30 ~~and the Quality Improvement Project Clinical Workgroup~~
31 ~~stakeholders~~ to establish a methodology for identifying those group
32 ~~homes providing services under the AFDC-FC program pursuant~~
33 ~~to Sections 11460 and 11462 of the Welfare and Institutions Code~~
34 ~~that have disproportionately high and inappropriate levels of~~
35 ~~psychotropic drug usage utilization warranting additional review~~
36 ~~of the facility. The criteria for determining if a group home has~~
37 ~~disproportionately high and inappropriate levels of psychotropic~~
38 ~~drug usage shall be based upon the California Guidelines for the~~
39 ~~Use of Psychotropic Medication with Children and Youth in Foster~~
40 ~~Care and shall take into consideration, among other things, the~~

1 factors listed in paragraphs (1) to (13), inclusive, of subdivision
2 (a) of Section 1538.8: *review*. The methodology shall be adopted
3 on or before July 1, 2016.

4 (B) Every three years after adopting the methodology developed
5 under subparagraph (A), or earlier if needed, the department shall
6 consult with the ~~foster care ombudsman and the Quality~~
7 ~~Improvement Project Clinical Workgroup~~ *State Department of*
8 *Health Care Services and stakeholders* and revise the ~~methodology~~.
9 *methodology, if necessary.*

10 (2) If the department, applying the methodology described in
11 paragraph (1), determines that a facility appears to have
12 ~~disproportionately high and inappropriate~~ levels of psychotropic
13 ~~drug usage, which may be caused by, among other things,~~
14 ~~inadequate alternative and less invasive psychosocial services,~~
15 ~~crisis management, and other services,~~ *utilization warranting*
16 *additional review*, it shall inspect the facility at least once a year.

17 (3) The inspection of the facility shall include, but not be limited
18 to, *a review of* the following:

19 ~~(A) A review of the facility's:~~

20 ~~(i)~~

21 (A) Plan of operation, policies, procedures, and practices.

22 ~~(ii)~~

23 (B) Child-to-staff ratios.

24 ~~(iii)~~

25 (C) Staff qualifications and training.

26 ~~(iv)~~

27 (D) Implementation of children's needs and services plan.

28 ~~(v)~~

29 (E) Availability of psychosocial and other alternative treatments
30 to the use of psychotropic medications.

31 ~~(vi)~~

32 (F) Other factors that the department determines contribute to
33 ~~disproportionately high and inappropriate~~ levels of psychotropic
34 ~~drug usage.~~ *utilization that warrant additional review.*

35 ~~(B)~~

36 (G) Confidential interviews ~~with youth of children~~ *residing in*
37 *the facility at the time of the inspection, with youth who resided*
38 *in the facility within the last six months, and confidential*
39 *discussions with physicians identified as prescribing the*
40 *medications. The State Department of Health Care Services and*

1 the State Department of Social Services shall, using existing data
2 systems, identify prescribers' names, addresses, and contact
3 information in order to facilitate interviews with prescribers.
4 *inspection.*

5 (b) If, as a result of an inspection pursuant to subdivision (a),
6 the department finds, based on measures established pursuant to
7 this section, that the facility has disproportionately high and
8 inappropriate levels of psychotropic drug usage, which may be
9 caused by, among other things, inadequate alternative and less
10 invasive psychosocial services, crisis management, and other
11 services, the facility shall submit to the department a plan of
12 correction describing the steps it shall take to reduce or eliminate
13 inappropriate psychotropic drug usage. The plan of correction shall
14 be submitted to the department within 30 days after the facility
15 has received the department's notice of a determination of
16 disproportionately high and inappropriate levels of psychotropic
17 drug usage at the facility. The plan of correction may include, but
18 not be limited to, the following:

19 (1) An improved crisis management plan, including deescalation
20 techniques and procedures in which their staff will be trained.

21 (2) An overall behavioral management plan which shall be a
22 trauma-informed plan.

23 (3) A quantifiable goal to decrease the use of antipsychotic
24 medications for behavioral control, to decrease polypharmacy, and
25 to decrease the use of pro re nata medications.

26 (4) A quantifiable goal for improving appropriate metabolic
27 monitoring as set forth in the *California Guidelines for the Use of*
28 *Psychotropic Medication with Children and Youth in Foster Care*,
29 and increasing psychosocial, physical, mental, behavioral, and
30 nutritional services for children prescribed psychotropic
31 medications while placed in that facility.

32 (c) The department shall monitor a facility's implementation of
33 the plan submitted pursuant to subdivision (b) to determine all of
34 the following:

35 (1) Whether the facility has reduced the rate at which residents
36 are administered pro re nata, multiple, and off-label psychotropic
37 medications, and, if so, the percentage decrease in the
38 administration of those medications.

1 ~~(2) Whether and to what extent alternative, less invasive~~
2 ~~treatments are being provided to residents, and, if so, the percentage~~
3 ~~increase in the provision of those services.~~

4 ~~(3) Whether and to what extent appropriate metabolic monitoring~~
5 ~~is being conducted and, if so, the percentage increase in the~~
6 ~~provision of appropriate monitoring.~~

7 ~~(d) (1) Following an inspection pursuant to subdivision (a), the~~
8 ~~Community Care Licensing Division shall provide a report to the~~
9 ~~department's Children and Family Services Division and to any~~
10 ~~other public agency that has certified the facility's program or any~~
11 ~~component of the facility's program, including, but not limited to,~~
12 ~~the State Department of Health Care Services, which certifies~~
13 ~~group homes pursuant to Section 4096.5 of the Welfare and~~
14 ~~Institutions Code.~~

15 ~~(2) If, as a result of the inspection, the Community Care~~
16 ~~Licensing Division suspects that a prescriber has failed to comply~~
17 ~~with Section 2242 of the Business and Professions Code, or with~~
18 ~~the California Guidelines for the Use of Psychotropic Medication~~
19 ~~with Children and Youth in Foster Care, it shall report its concerns~~
20 ~~to the Medical Board of California.~~

21 ~~(3) If, as a result of the inspection, the Community Care~~
22 ~~Licensing Division suspects there has been a violation of applicable~~
23 ~~requirements prescribed by statutes or regulations of this state, it~~
24 ~~shall conduct the appropriate investigation pursuant to Section~~
25 ~~1538 of the Health and Safety Code.~~

26 ~~(4) The inspection of the facility may include, but is not limited~~
27 ~~to, the following:~~

28 ~~(A) Confidential interviews of children who resided in the facility~~
29 ~~within the last six months.~~

30 ~~(B) Confidential discussions with physicians identified as~~
31 ~~prescribing the medications.~~

32 ~~(b) Based upon an inspection conducted pursuant to subdivision~~
33 ~~(a), the department shall share relevant information or~~
34 ~~observations with county placing agencies, social workers,~~
35 ~~probation officers, the court, dependency counsel, or the Medical~~
36 ~~Board of California. If, as a result of the inspection conducted~~
37 ~~pursuant to subdivision (a), the department finds a risk to the~~
38 ~~health, safety, or personal rights of clients in care, the facility shall~~
39 ~~submit a plan of correction to the department. The plan of~~
40 ~~correction shall be submitted to the department within 30 days~~

1 *after the facility has received the department's notice of findings.*
2 *The department shall monitor the implementation of the plan of*
3 *correction to determine that the concerns identified during the*
4 *inspection have been addressed. This subdivision does not prevent*
5 *the department from taking any other corrective action as permitted*
6 *under any other law or any regulation adopted pursuant to this*
7 *chapter.*

8 ~~(e)~~

9 (c) (1) Notwithstanding the rulemaking provisions of the
10 Administrative Procedure Act (Chapter 3.5 (commencing with
11 Section 11340) of Part 1 of Division 3 of Title 2 of the Government
12 Code), until emergency regulations are filed with the Secretary of
13 State, the department may implement this section through
14 all-county letters or similar ~~instructions from the director.~~
15 *instructions.*

16 (2) On or before January 1, 2017, the department shall adopt
17 regulations to implement this section. The initial adoption,
18 amendment, or repeal of a regulation authorized by this subdivision
19 is deemed to address an emergency, for purposes of Sections
20 11346.1 and 11349.6 of the Government Code, and the department
21 is hereby exempted for that purpose from the requirements of
22 subdivision (b) of Section 11346.1 of the Government Code. After
23 the initial adoption, amendment, or repeal of an emergency
24 regulation pursuant to this section, the department may twice
25 request approval from the Office of Administrative Law to readopt
26 the regulation as an emergency regulation pursuant to Section
27 11346.1 of the Government Code. The department shall adopt final
28 regulations on or before January 1, 2018.

29 ~~(f)~~

30 (d) Nothing in this section is intended to replace or alter other
31 requirements for responding to complaints and making inspections
32 or visits to group homes, including, but not limited to, those set
33 forth in Sections 1534 and 1538.

34 (e) *This section does not apply to a runaway and homeless youth*
35 *shelter, as defined in Section 1502.*

36 ~~SEC. 4.~~

37 SEC. 5. Section 11469 of the Welfare and Institutions Code is
38 amended to read:

39 11469. (a) ~~The department, in~~ *department shall develop,*
40 *following* consultation with group home providers, the County

1 Welfare Directors Association of California, the Chief Probation
2 Officers of California, the ~~California Mental Health Directors~~
3 ~~Association, and County Behavioral Health Directors Association~~
4 ~~of California~~, the State Department of Health Care Services, ~~shall~~
5 ~~develop and stakeholders~~, performance standards and outcome
6 measures for determining the effectiveness of the care and
7 supervision, as defined in subdivision (b) of Section 11460,
8 provided by group homes under the AFDC-FC program pursuant
9 to Sections 11460 and 11462. These standards shall be designed
10 to measure group home program performance for the client group
11 that the group home program is designed to serve.

12 (1) The performance standards and outcome measures shall be
13 designed to measure the performance of group home programs in
14 areas over which the programs have some degree of influence, and
15 in other areas of measurable program performance that the
16 department can demonstrate are areas over which group home
17 programs have meaningful managerial or administrative influence.

18 (2) These standards and outcome measures shall include, but
19 are not limited to, the effectiveness of services provided by each
20 group home program, and the extent to which the services provided
21 by the group home assist in obtaining the child welfare case plan
22 objectives for the child.

23 (3) In addition, when the group home provider has identified
24 as part of its program for licensing, ratesetting, or county placement
25 purposes, or has included as a part of a child's case plan by mutual
26 agreement between the group home and the placing agency,
27 specific mental health, education, medical, and other child-related
28 services, the performance standards and outcome measures may
29 also measure the effectiveness of those services.

30 (b) Regulations regarding the implementation of the group home
31 performance standards system required by this section shall be
32 adopted no later than one year prior to implementation. The
33 regulations shall specify both the performance standards system
34 and the manner by which the AFDC-FC rate of a group home
35 program shall be adjusted if performance standards are not met.

36 (c) Except as provided in subdivision (d), effective July 1, 1995,
37 group home performance standards shall be implemented. Any
38 group home program not meeting the performance standards shall
39 have its AFDC-FC rate, set pursuant to Section 11462, adjusted
40 according to the regulations required by this section.

(d) A group home program shall be classified at rate classification level 13 or 14 only if all of the following are met:

(1) The program generates the requisite number of points for rate classification level 13 or 14.

(2) The program only accepts children with special treatment needs as determined through the assessment process pursuant to paragraph (2) of subdivision (a) of Section 11462.01.

(3) The program meets the performance standards designed pursuant to this section.

(e) Notwithstanding subdivision (c), the group home program performance standards system shall not be implemented prior to the implementation of the AFDC-FC performance standards system.

(f) On or before January 1, 2016, ~~the department, in department~~ *shall develop, following* consultation with the County Welfare Directors Association of California, the Chief Probation Officers of California, ~~the California Mental Health Directors Association,~~ *County Behavioral Health Directors Association of California,* research entities, ~~foster youth, children,~~ *advocates for foster youth, children,* foster care provider business entities organized and operated on a nonprofit basis, Indian tribes, and other stakeholders, ~~shall develop~~ additional performance standards and outcome measures that require group homes to implement programs and services to minimize law enforcement contacts and delinquency petition filings arising from incidents of allegedly unlawful behavior by minors occurring in group homes or under the supervision of group home staff, including individualized behavior management programs, emergency intervention plans, and conflict resolution processes.

(g) On or before January 1, 2017, ~~the department, in department~~ *shall develop, following* consultation with the County Welfare Directors Association of California, the Chief Probation Officers of California, ~~the California Mental Health Directors Association,~~ *County Behavioral Health Directors Association of California,* ~~the Medical Board of California,~~ research entities, ~~foster youth, children~~ *advocates for foster youth, children,* foster care provider business entities organized and operated on a nonprofit basis, Indian tribes, and other stakeholders, ~~shall develop~~ additional performance standards and outcome measures that require group homes to implement *alternative* programs and ~~services to reduce~~

1 ~~the utilization of psychotropic medications for children in group~~
2 ~~homes, services,~~ including individualized behavior management
3 programs, emergency intervention plans, and conflict resolution
4 processes.

5 ~~SEC. 5.~~

6 *SEC. 6.* No reimbursement is required by this act pursuant to
7 Section 6 of Article XIII B of the California Constitution because
8 the only costs that may be incurred by a local agency or school
9 district will be incurred because this act creates a new crime or
10 infraction, eliminates a crime or infraction, or changes the penalty
11 for a crime or infraction, within the meaning of Section 17556 of
12 the Government Code, or changes the definition of a crime within
13 the meaning of Section 6 of Article XIII B of the California
14 Constitution.